

CONFIDENTIAL

NAME TRACE REQUEST FORM

Date: _____

Ref/Control No.: D-5

To : DAD 513th XX A-2 XX OSI XX USAREUR CENTRAL X REGISTRY EL Date Due: _____

From: DAD, Munich ONI BIV BND ASBW ATTACHMENT TO EGMA 65349

I. 1. NAME: FISCHER Dr. Alois Last First Middle

2. Aliases/Variant/Maiden Name: _____

3. Date of Birth: 11 January 1912 4. Place of Birth: Eiditz (now Udlice), CSSR

5. Citizenship: a. Present _____ b. Previous _____

6. Present Residence: Munich 25, Oberauerstrasse 11

7. Past Residences: _____

8. Present Employment (Occupation): _____

9. Past Employment: _____

10. Additional Information: _____

II. Agencies Previously Traced by Requestor and Dates: DAD 65th 513th
A-2 OSI ONI BIV BND ASBW

Other (Specify): _____

III. Reason for Trace Request OF SECURITY INTEREST TO THE FBI.
PLEASE INDICATE IN YOUR REPLY THAT PORTION SUITABLE FOR PASSAGE TO THE BND.

RESULTS OF RECORD SEARCH

Date: _____

The files of this organization reflect no record on Subject.
 The files of this organization reflect the following information:

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCES METHODS EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2003 2006

DEGRADED AT 10 YR INTERVALS:
NOT AUTOMATICALLY DECLASSIFIED.
DOD DIR 6000.10

(Use Reverse Side for Additional Details)
NT-1 1999 0002

Initials

CLASSIFICATION
CONFIDENTIAL

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